

# Washington State Department of Ecology

Spill Prevention, Preparedness, and Response Program PO Box 47600, Olympia, WA 98504-7600

Office Phone: (360) 407-7455

State of Washington Fax: (360) 407-7288 or toll free 1-800-664-9184

### **Spill Management Team (SMT) Application**

#### INTRODUCTION

The information provided in this application will be used to verify and evaluate your Spill Management Team (SMT) application, and may be used to support oil spill contingency plan approvals submitted under Chapter 173-182 Washington Administrative Code (WAC) Oil Spill Contingency Plan Rule and Chapter 173-186 WAC Oil Spill Contingency Plan - Railroad Rule. SMT applications are subject to a 30 day public review and comment period prior to receiving approval from the state, in accordance with WAC 173-182-640. All information provided in the application is subject to public disclosure.

WAC 173-182-840

Ecology shall inspect contracts, letters of intent (LOIs), employee training records, and conduct a test of the SMT call-out procedures. A combination of training and experience in drills and spills may be used to describe SMT personnel capabilities within response roles.

WAC 173-182-850

Significant changes in SMT applications require notification. The SMT is responsible to provide written notification to Ecology and all plan holders to whom they are obligated, within twenty-four hours, of any significant change in the information reported in the approved application.

WAC 173-182-900

Ecology may verify compliance with this chapter by examining training records, accuracy of call-out and notification lists, spill management team lists, incident command system (ICS) forms, post-spill reviews and records on lessons learned.

Oil spill responses present opportunities to gather information on the effectiveness of your personnel resources. In the event SMT personnel are deployed for spill response operations, Ecology may require documentation of performance and lessons learned from the SMT.

Submit your completed and signed application via email to contractorapp@ecy.wa.gov or via mail to:

Washington Department of Ecology Spill Preparedness Section – Spill Management Team Application Review PO Box 47600 Olympia, WA 98504-7600

ECY 070-609 January 2020 Page 1 of 6

To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6831 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.

Company Name:	UBI Number: Point of Contact:		
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Primary Phone Number:	Primary Fax Number:	Email:	
B – SIGNATURE			
<ol> <li>The information in this application is accurate and</li> <li>Have a process to provide 24 hour per day</li> <li>Begin mobilization efforts immediately upor spill. WAC 173-182-830</li> <li>Ensure the incident commander is able to a the SMT is contracted to fill the role. WAC 4. Assist plan holders in meeting the requirem</li> <li>Implementation and use of the contingency substantial threat of a spill, and the training</li> <li>Work in unified command within the incider resources necessary to the response will be extent practicable. WAC 173-182-830</li> <li>Provide written notification to ecology and a hours, of any significant change in the information.</li> </ol>	n notification but no later that arrive in the state within six 173-182-830 tents for plans and drills in the plan(s) to which they are confined for personnel to implement at command system to ensure called out to clean up the stall plan holders to whom the	ent. WAC 173-182-6 an two hours from r hours after notifical Washington. WAC ontracted during a the plan. WAC 173 are that all personnal spill safely and to the	notification of a tion of a spill, if 173-182-830 spill and 3-182-830 el and equipment the maximum
Printed Name  Brianna (lagruped)	Title		
Brianna Gearwood Signature (electronic signature is acceptable)	 Date	•	

## Fill out only the sections that apply to your company

### C - PERSONNEL INFORMATION: WAC 173-182-840(1)

Include a list of response personnel and indicate whether they are full time, part-time, dedicated, or non-dedicated employees and their home base or office location. Dedicated means either full-time or part-time employee of the SMT. Non-dedicated means any personnel resource available under contract, LOI, or other approvable means. Non-dedicated relationships will be verified during the application review process.

ECY 070-609 January 2020 Page 2 of 6

Name	ICS Role(s)	Home Base / Office	Employment Status
			☐ Full time ☐ Part time ☐ Non-dedicated
			☐ Full time ☐ Part time ☐ Non-dedicated
			☐ Full time ☐ Part time ☐ Non-dedicated
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Note: In the SMT application, it is not necessary to include personal information such as phone numbers. That information shall be maintained by the SMT and made available to Ecology upon request. You may add additional lines or use an alternate format and include this information as an attachment if additional space is needed.

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<b>1.</b> Describe your 24 hour res fice or individual(s) responsil	ponse system and provide the phone number. Cite the nan ble for implementing your call-out process.	ne of a central reporting
	nnel response times for arrival in state, based on the stand and travel time. Describe the order of priority for call-out.	by or call back status of

#### F - TRAINING INFORMATION: WAC 173-182-840(4)

**F1.** Include a list of the type and frequency of training staff receive as applicable by ICS position. The training must be position specific for the roles that may be filled by the SMT. A combination of training and experience in drills and spills may be used to describe SMT personnel capability within response roles. The list may be organized by position or may be an inventory of staff training levels.

The following categories of training, at a minimum, should be described as applicable to the role:

- 1. ICS training
- 2. NWACP policies and response tools
- 3. Use and location of GRPs
- 4. Contents of the contingency plan(s)
- 5. Worker health and safety requirements including Washington state specific regulations

**F2.** Describe the responsibility for training based on employment status (full-time, part-time, or non-dedicated) and indicate whether the employer or employee is responsible for maintaining training. Describe how the employer verifies training compliance.

ECY 070-609 January 2020 Page 6 of 6